

## CITY OF ST. PAUL

Department of Safety and Inspections 375 JACKSON ST., SUITE 220 ST. PAUL, MINNESOTA 55101-1806

## STATE FAIR VENDING PERMIT APPLICATION

Visit our Web Site at www.stpaul.gov/dsi

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PERMIT ADDRESS	Numbe	r	Street Nan	ne	St. A	Ave. Blvd. Etc	NSEW	Suite/Apt.	Zij	ָס	Date
Applicant (Must be the property owner)  Address City State, Zi							nt than Permit A	,	Address)	Phone	
				VENDO	RS O	N THE P	ROPER	<b>ATY</b>			
NAME OF VENDOR					CON	CONTACT PERSON			PHONE NUMBER		
	***	*F00D	VENDOI	RS WILL RI	EQUL	RE A CITY	OF SAL	NT PAUL	LICENSE	7 ****	
				tion is corr g the work		-			lations an	d city o	rdinances
Applicant'	s Signatur	e									
Fax # with A	rea Code: (	)		ter your Fax # be	low	Approv Inspecto	ing or's Initials:	Permi	t Number	· (Office	Use Only)
Amount of (Sign plan			eet								
Payment Made by Credit Card – Complete the Information Below					P	PERMIT FEE ►			\$100.00		
	an Express	☐ Visa	□ M	asterCard 🗌	Disco	ver Expir	ation Mont	h/Year ▶			
Enter Account Number											
Signature of C	ardholder: _										
			y	aying for your pe ou may fax your The credit card in	applicati	ion. Our fax nu	mber is 651-2	66-9124.	isa,		
			If paying by	check, please ma	il applic	ation and check	payable to th	e City of Saint	Paul.		
If you have questions, call Zoning Monday – Friday between 7:30 AM – 4:30 PM Phone, 651-266-9008											

## REQUIRED CONSENT FOR STATE FAIR VENDING PERMIT

I have no objection to my next-door neighbor located at the Permit Address on the reverse side of this form allowing outdoor vending on their property during the Minnesota State Fair.

Date	Name	Signature	Address

If vendor is within three (3) feet of the side property line and is not the same vendor on both properties, a waiver is required to be signed by your neighbor.

## SIDE SETBACK WAIVER FOR STATE FAIR VENDORS

I agree to waive the vendor setback requirement of three (3) feet from the side lot line for my next-door neighbor located at Permit Address on the reverse side of this form during the Minnesota State Fair.

Date	Name	Signature	Address